

Please type a plus sign (+) inside this box →



DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e)) required)	Attorney Docket Number	PC11099AJAK
	First Named Inventor	Jiri Aubrecht
	COMPLETE IF KNOWN	
	Application Number	To be assigned
	Filing Date	Herewith
	Group Art Unit	To be assigned
	Examiner Name	To be assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

NOVEL BIOLUMINESCENT ASSAYS AND BACTERIAL STRAINS USEFUL THEREIN

(Title of the invention)

 the specification of which
☒ is attached hereto

 OR
☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International

Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/258,073	12/22/2000	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B sheet attached hereto.

EXPRESS MAIL NO. EL911785-2345

Please type a plus sign (+) inside this box →



DECLARATION ---- Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application

U.S. Parent Application Number or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☐ Customer Number ☐ or ☐

Place Customer Number Bar Code Label here

☒ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Peter C. Richardson	27,526	Lawrence C. Akers	28,587
Paul H. Ginsburg	28,718	A. Dean Olson	31,185
J. Trevor Lumb	28,567	Mervin E. Brodke	32,723
James T. Jones	30,561	Valerie M. Fedowich	33,688
Gregg C. Benson	30,997	Bryan C. Zielinski	34,462
Robert F. Sheyka	31,304	Robert T. Ronau	36,257
Grover F. Fuller Jr.	31,760	B. Timothy Creagan	39,156
Karen DeBenedictis	32,977	Alan L. Köfer	37,371
Lorraine B. Ling	35,251	Jolene W. Appleman	35,428
Garth Butterfield	36,997	Kristina L. Konstas	37,864
Carl J. Goddard	39,203	Seth H. Jacobs	32,140
Raymond M. Speer	28,810	Martha A. Gammill	31,820
Jennifer A. Kispert	40,049	Gregory P. Raymer	36,847
Izrael Nissenbaum	27,532	E. Victor Donahue	35,492
Deborah A. Martin	44,222	Todd M. Crissey	37,807
A. David Joran	37,858	Roy F. Waldron	42,208
Elsa Djurdj	45,963	Adrian G. Looney	41,408
Gabriel L. Kleinman	40,881	Jeffrey N. Myers	41,213
Arlene K. Musser	37,895	Michelle A. Sherwood	36,271
Donna R. Grossu	47,284	Martha G. Munchhof	47,811
Allen J. Spiegel	25,749	Raymond D. Thompson	30,695
Robert T. Barker	41,597		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input checked="" type="checkbox"/> Correspondence address below	
Name	Gregg C. Benson		
Address	Pfizer Inc.		
Address	Patent Department, MS 4159, Eastern Point Road		
City	Groton	State	CT
Zip Code	06340	Fax	1-(860)-441-5221
Country	United States Of America	Telephone	1-(860)-441-4901

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))		Family Name or Surname	
Jiri	Aubrecht		
Inventor's Signature		Date	12/21/01
Residence: City	Mystic	State	CT
Country	USA	Citizenship	Czech Republic
Post Office Address	10 Mystic Hill		
Post Office Address	235 East 42 nd Street		
City	New York	State	NY
Zip	10017	Country	United States

☐ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box ☐

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental SheetName of Additional Joint Inventor, if any: ☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Warren W.

Ku

Inventor's
Signature*Warren W. Ku*

Date

12-21-01

Residence: City

West Kingstown

State

RI

Country

USA

Citizenship

United States

Post Office Address

7 Sunset Drive

Post Office Address

235 East 42nd Street

City

New York

State

NY

Zip

10017

Country

USA

Name of Additional Joint Inventor, if any: ☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Jeffery J.

Osowski

Inventor's
Signature*Jeffery J. Osowski*

Date

12/21/01

Residence: City

Bozrah

State

CT

Country

USA

Citizenship

United States

Post Office Address

7 Noble Hill Road

Post Office Address

235 East 42nd Street

City

New York

State

NY

Zip

10017

Country

United States

Name of Additional Joint Inventor, if any: ☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

Zip

Country

Name of Additional Joint Inventor, if any: ☐

A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))

Family Name or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Post Office Address

Post Office Address

City

State

Zip

Country